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To:

Division of Corporations

Fax Number : (850)205-0381

From

Account Name : INCORPORATETIME.COM, INC.

Account Number : I19990000221 Phone : (631)224-9004 Fax Number : (631)589-2848 3 DEC 11 AM 10:58

### FLORIDA PROFIT CORPORATION OR P.A.

#### ALONZO CASHMAN INC.

Certificate of Status	0
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#### ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATION FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPTS THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I -NAME

THE NAME OF THE CORPORATION SHALL BE:

ALONZO CASHMAN INC.

ARTICLE II -PRINCIPAL OFFICE

The principal place of business & mailing address of this corporation shall be

Physical Address:

320 SW County Rd 138 Ft White, FI 32038

Mailing Address:

PO Box 1231 High Springs, FI 32655

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have at any one time is:

2000 shares at \$.01 par value

ARTICLE IV -INITIAL OFFICERS/DIRECTORS:

President/Director:

ALONZO CASHMAN

P.O. BOX 1231, HIGH SPRINGS, FL 32655

V.President/Director:

KIM LINS

P.O. BOX 1231, HIGH SPRINGS, FL 32655

Secretary/Director:

JENNI CALLAHAN

P.O. BOX 1231, HIGH SPRINGS, FL 32655

ARTICLE V -INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the initial registered agent are:

ALONZO CASHMAN

Physical Address:

320 SW County Rd 138 Ft White, Fl 32038 Mailing Address:

PO Box 1231 High Springs, FI 32655

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#### ARTICLE VI-INCORPORATOR:

The name and address of the Incorporator to these Articles of Incorporation are:

Kerry Walsh IncorporateTime.com, Inc. 35-37 Carleton Avenue, Suite 200 Islip Terrace, NY 11752

Kerry Walsh, Incorporator

Date

Having been named registered agent and to accept service of process for the above stated corporation as the place designated in this certificate I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

ALONG CASHMAN Registered Agent

Date

SECRETARY OF STATE